

Performance Outcomes Data Collection and Submission

California Department of Mental Health
Performance Outcome & Quality
Improvement Unit (POQI)
November 2006

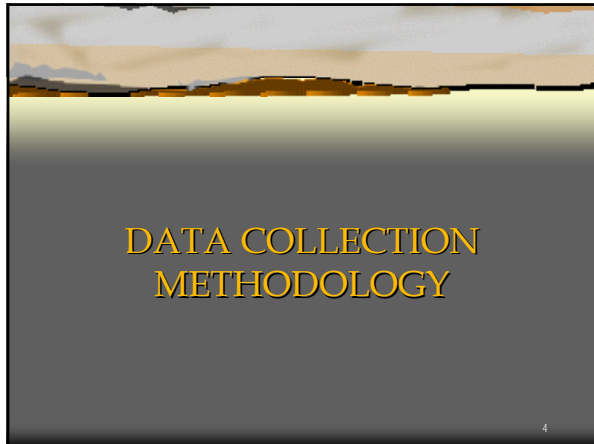
Welcome From the POQI Unit

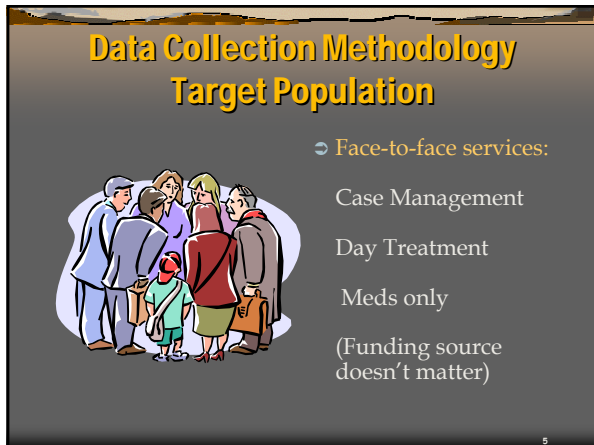


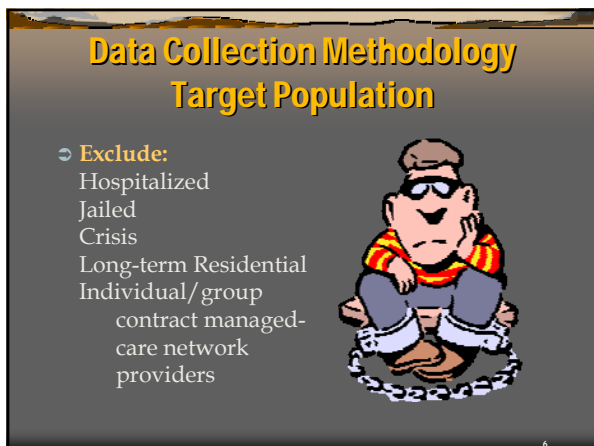
From left: Candace, Alice, Minerva, Brenda (front), Marti, Chris (far back), Maureen, Traci.

Overview of Training

- Data collection methodology
- Confidentiality issues
- County staff preparation
- Collecting the data
- Data submission options
- Getting your data back







Data Collection Methodology

- ⇒ “Snap-shot” or “Point-in-time” approach
- ⇒ New sample every time (twice a year)
- ⇒ Two week data collection period



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3 Data Submission Options

- ⇒ **Option 1:** On-line key/mouse data entry (Key Entry)
- ⇒ **Option 2:** Local scanning & web-based data verification (Scan & Verify)
- ⇒ **Option 3:** ITWS Web-based text data upload (ITWS)

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Instrumentation



- ⇒ Adult Survey
- ⇒ Older Adult Survey
- ⇒ Youth Services Survey (YSS)
- ⇒ Youth Services Survey for Families (YSS-F)

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HIPAA & Confidentiality

- ⇒ State Law (W&I code sec. 5610) requires the collection of performance outcome data
- ⇒ HIPAA requirements for authorizations from consumers **DO NOT APPLY!**
- ⇒ Rest of Privacy Rules **do** apply


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COUNTY STAFF PREPARATION

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County Staff Preparation

- ⇒ Survey form characteristics
- ⇒ Down loading forms
- ⇒ Printing forms
- ⇒ Preparing forms
- ⇒ Administering the survey
- ⇒ Staff authorization
- ⇒ Confidentiality



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What Survey Forms to Use??

- ⇒ Do **NOT** use forms from previous surveys
- ⇒ Must use DMH Forms for Scan&Verify Option
- ⇒ Key Entry and ITWS users may use DMH forms
- ⇒ DIY must follow data dictionaries
<http://www.dmh.ca.gov/POQI/documents.asp>

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Age Appropriate Forms

- ⇒ Older Adults age 60 + get Older Adult Form
 - *May 2005 24% older adults were under 60 (Wrong form or Wrong age?)
 - * Nov 2004 over 20%
- ⇒ Youth age 13-17 and Transitional Aged Youth get the Youth Survey
- ⇒ Adults age 18-59 get Adult Survey

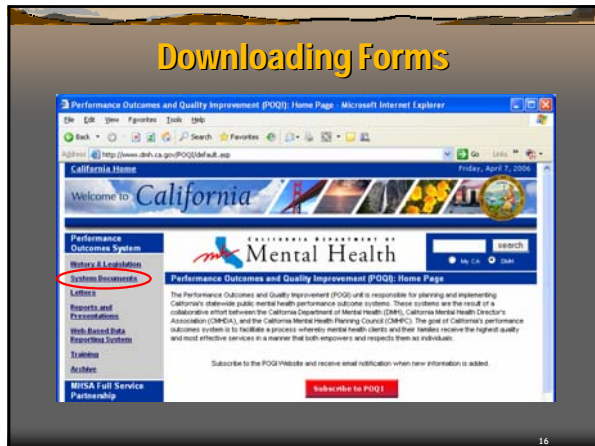
14

DMH Survey Form Characteristics

- ⇒ Teleform system forms
 - 4 'Posts' for Teleform reader, unique **Key**
- ⇒ Page linking number CSI CCN
Not prefilled boxes

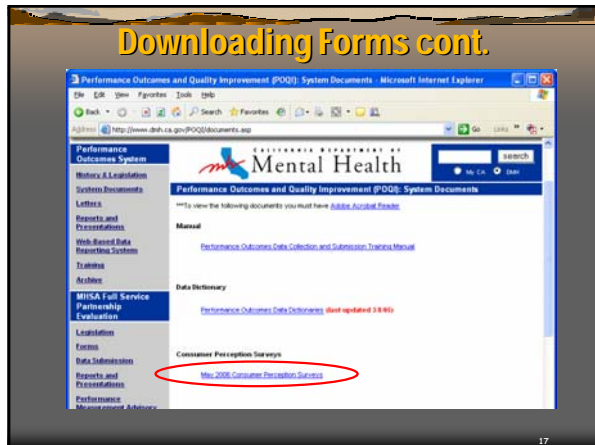
15

Downloading Forms



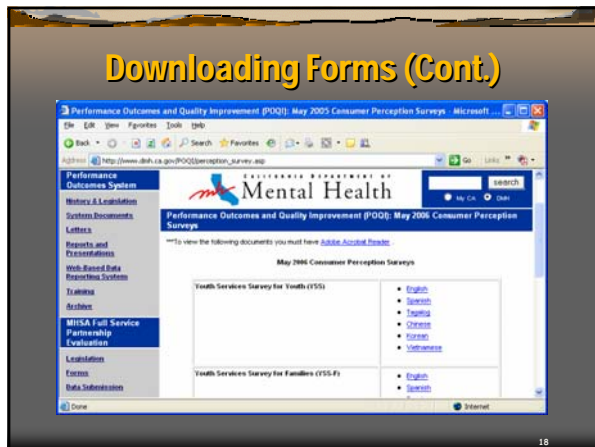
16

Downloading Forms cont.



17

Downloading Forms (Cont.)



18

Finish Downloading

- Save the survey forms to hard drive or to a disk



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Image Quality Critical For Scan & Verify

- Scan & verify technology demands good image quality
- Copies are **NEVER** as sharp as originals
- Print each survey form needed directly from Adobe file. Do not make copies
- Can take disk to copy shop & have forms printed from file

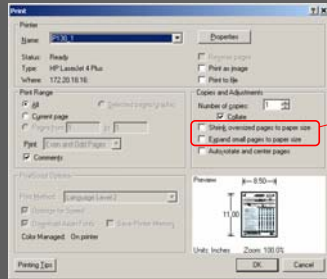
20

More Printing Instructions

- Before downloading
UNCHECK box "Shrink oversize pages to paper size" (Acrobat 5)
OR
Page scaling box shows 'None' (Acrobat 6 & 7)

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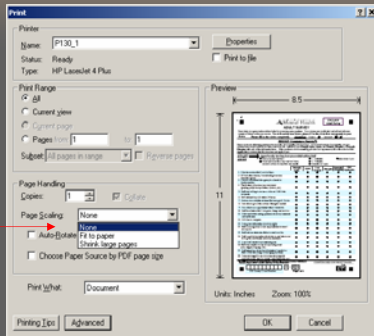
Adobe Acrobat Print Box 5.0



Make sure
these boxes are
NOT
CHECKED

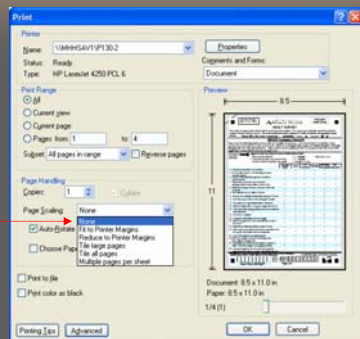
22

Adobe Acrobat Print Box 6.0



23

Adobe Acrobat Print Box 7



24

Collate & Staple

Survey Dates: May 1-12, 2004

ENGLISH Adult Survey

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. For each survey item below, please fill in the circle that corresponds to your choice. Please fill in the circle completely. **EXAMPLE:** Correct ☒ Incorrect ☐

MHSIP Consumer Survey*

Please answer the following questions based on the last 6 months OR if you have not received services for 6 months, just give answers based on the services you have received so far. Indicate if you Strongly Agree, Agree, are Neutral, Disagree, or Strongly Disagree with each of the statements below. If the question is about something you have not experienced, fill in the circle for Not Applicable to indicate that this item does not apply to you.

START HERE → Approximately, how long have you received services here?

☐ This is my first visit here. ☐ 1 - 2 Months ☐ More than 1 year

☐ I have had more than one visit but I have received services for less than one month. ☐ 3 - 5 Months ☐ 6 months to 1 year

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. I like the services that I received here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. If I had other choices, I would still get services from this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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DATA COLLECTION

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Survey Administration

- Use volunteer/peer advocate
- Do NOT use clinical or service delivery staff
- Need to understand importance of consumer input
- Non staff may need Business Associate Agreement (HIPAA)



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Good Data Come from Well Trained Staff

- ⇒ Train the people who will collect the data
- ⇒ Train re: Form type (right age, right language)
- ⇒ Train to review form when turned in



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How to Mark Teleform Surveys

- ⇒ Staff need to know correct way to mark forms
 1. To help consumers complete survey forms
 2. "For Office Use Only" section on each form

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Marking Survey Form

- ⇒ THINK BUBBLES!
- ⇒ Only one answer (bubble) for most questions



Correct ● Incorrect ✕ ✓

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Making Corrections

~~XXXXXX~~

~~xxxxxx~~

⇒ Think X'S !!

⇒ Correct mistakes by drawing an "X" over the incorrect entry

☐ Male

☒ Female

☐ Other

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County Completed Items

- ⇒ CSI County Client Number (CCN)
- ⇒ County code
- ⇒ Date of survey
- ⇒ When applicable, why consumer did not complete form
- ⇒ Optional County Questions

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CSI County Client Number / AKA Page Linking Number

17. I, not staff, decided my treatment goals. ☐ ☐ ☐ ☐ ☐ ☐ ☐

18. Staff were sensitive to my cultural background (race, religion, language, etc.). ☐ ☐ ☐ ☐ ☐ ☐ ☐

19. Staff helped me obtain the information I needed so that I could take charge of managing my illness. ☐ ☐ ☐ ☐ ☐ ☐ ☐

20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.). ☐ ☐ ☐ ☐ ☐ ☐ ☐

*The MHSA's Consumer Services are developed through a collaboration of all of our partners: the Hawaii Health Services Improvement Program (HSIP)'s consumers, and the Center for Mental Health Services.

CONTINUED ON NEXT PAGE...

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

A - E N

1

2

3

4

CSI County Client Number Page 1 of 4

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County Client Number

- ⇒ Right justify!!
- ⇒ No Empty boxes

17. I, not staff, decided my treatment goals. ☐ ☐ ☐ ☐ ☐ ☐ ☐

18. Staff were sensitive to my cultural background (race, religion, language, etc.). ☐ ☐ ☐ ☐ ☐ ☐ ☐

19. Staff helped me obtain the information I needed so that I could take charge of managing my illness. ☐ ☐ ☐ ☐ ☐ ☐ ☐

20. I was encouraged to use consumer-run programs (support groups, drop-in centers, etc.). ☐ ☐ ☐ ☐ ☐ ☐ ☐

*The MHSP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Services Improvement Program (MHSIP) consultants, and the Center for Mental Health Services.

CSJ County Client Number

CSJ County Client Number must be written on EVERY page. **Page 1 of 4**

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'Faux' County Client Number

- ⇒ Create a fictitious CCN for clients who lack one
- ⇒ Start with the '#' sign
- ⇒ Example:

17. I, not staff, decided my treatment goals. ☐ ☐ ☐ ☐ ☐ ☐ ☐

18. Staff were sensitive to my cultural background (race, religion, language, etc.). ☐ ☐ ☐ ☐ ☐ ☐ ☐

19. Staff helped me obtain the information I needed so that I could take charge of managing my illness. ☐ ☐ ☐ ☐ ☐ ☐ ☐

20. I was encouraged to use consumer-run programs (support groups, drop-in centers, etc.). ☐ ☐ ☐ ☐ ☐ ☐ ☐

*The MHSP Consumer Survey was developed through a collaborative effort of consumers, the Mental Health Services Improvement Program (MHSIP) consultants, and the Center for Mental Health Services.

CSJ County Client Number

CSJ County Client Number must be written on EVERY page. **Page 1 of 4**

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For Office Use Only

(B) Please identify who helped you complete any part of this survey. (Choose all that apply.)

☐ I did not need any help. ☐ A professional interviewer helped me.

☐ I received help from a volunteer. ☐ My clinician / case manager helped me.

☐ Another mental health consumer helped me. ☐ A staff member other than my clinician or case manager helped me.

☐ A member of my family helped me. ☐ Someone else helped me. (Who?): _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

REQUIRED INFORMATION:

Country Code:

Date of Survey Administration:

Reason if applicable: ☐ Yes ☐ No ☐ Other

Make sure the same CSJ County Client Number is written on all four pages of this survey.

CSJ County Client Number

CSJ County Client Number must be written on EVERY page. **Page 4 of 4**

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Reasons For Not Completing Form

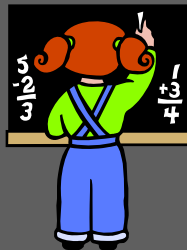


- ⇒ Dog ate form (NOT a choice!)
- ⇒ 4 REASONS
 1. Refused
 2. Impaired
 3. Language
 4. Other

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Completion Rates Important

- ⇒ Required for Federal Block Grant
- ⇒ Completion rates = surveys completed / surveys administered



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County Client Number Again

(8) Please identify who helped you complete any part of this survey. (Choose all that apply.)

☐ I did not need any help. ☐ A professional interviewer helped me.
☐ A mental health advocate / volunteer helped me. ☐ My clinician / case manager helped me.
☐ Another mental health consumer helped me. ☐ A staff member other than my clinician or case manager helped me.
☐ A member of my family helped me. ☐ Someone else helped me. (Who?): _____

Thank you for taking the time to answer these questions!

FOR OFFICE USE ONLY:

REQUIRED INFORMATION:

County Code:

Date of Survey Administration: - -

Reason (if applicable): ☐ Inp ☐ Out ☐ Other

Make sure the same CSI County Client Number is written on all four pages of this survey.

CSI County Client Number:

OPTIONAL COUNTY QUESTIONS:

County Identification (1-10): ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10

County / Subcounty ID: ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10

County / Subcounty ID: ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10

County / Subcounty ID: ☐ 01 ☐ 02 ☐ 03 ☐ 04 ☐ 05 ☐ 06 ☐ 07 ☐ 08 ☐ 09 ☐ 10

Page 4 of 4

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Optional County Questions

- 3 Optional county questions
- Last page of every form
- Only one answer (bubble) for each question (20 possible codes)

FOR OPTIONAL QUESTIONS

Circle ONE bubble for each question. Please use the time to answer these questions.

Circle ONE bubble for each question. Please use the time to answer these questions.

Circle ONE bubble for each question. Please use the time to answer these questions.

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Confidentiality of Data

- State laws provide consumers with privacy rights
- HIPAA provides protection and prison sentences
- Data are confidential and must be protected
- After surveys turned in, handle in confidential manner

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DATA SUBMISSION

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3 Data Submission Options

- ⇒ Option 1: On-line key/mouse data entry (Key Entry)
- ⇒ Option 2: Local scanning & web-based Data verification (Scan & Verify)
- ⇒ Option 3: ITWS Web-based text data upload (ITWS)

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System Authorization

- ⇒ 2 separate Authorization Processes
 1. POQI Authorization for Key entry & Scan & Verify option
 2. ITWS Authorization

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System Authorization

- ⇒ Every county has an 'Approver'
- ⇒ Names of Approvers on file w/ITWS email: itws@dmh.ca.gov
- ⇒ 'Approver' submits list of people to be authorized for both processes
- ⇒ Must **RENEW** every data collection period

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POQI Authorization

- For people accessing key entry system
- For people Scanning documents
- For people Verifying documents
- List of people sent by Approver to poqi.support@dmh.ca.gov
- Must include name, email address, tel number

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ITWS Authorization

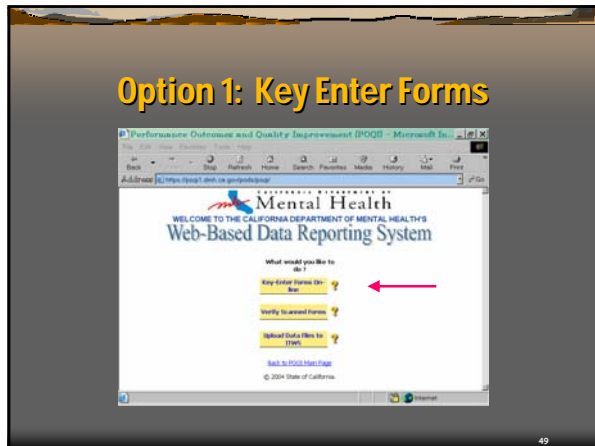
- Limit number of people authorized
- **Only** those who will upload & download should have ITWS authorization (NOT everybody needs to be authorized)
- Go to: <https://mhhitws.cahwnet.gov/> choose 'Enroll' and follow instructions

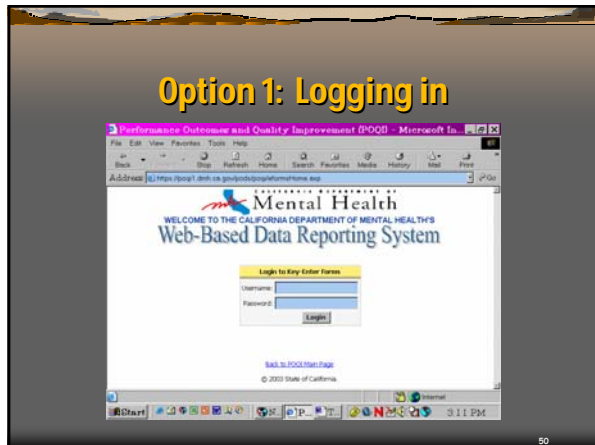
47

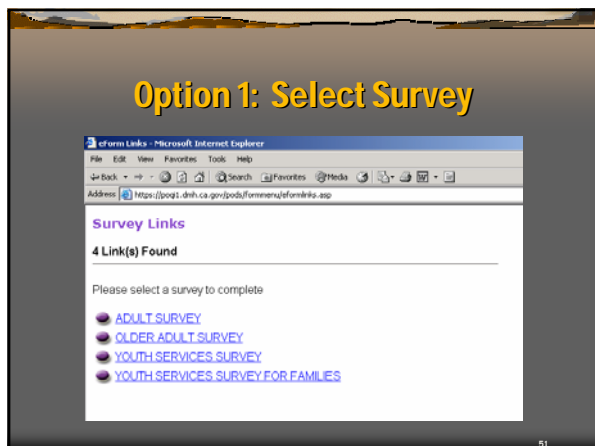
Option 1 Online Key-Mouse Data Entry

- Start by opening your web browser
- Go to POQI website at <https://poqi1.dmh.ca.gov/pods/poqi/>

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Option 1 Entering Data

Mental Health ADULT SURVEY

Please help our agency make services better by answering some questions. Your answers are confidential and will not influence current or future services you receive. For each survey item below, please mark the circle that corresponds to your choice.

Approximately, how long have you received services here?

☐ This is my first visit here ☐ 1 - 2 Months ☐ More than 6 months to 1 year
☐ I have had more than one visit but I have received services for less than one month ☐ 3 - 5 Months

Option 1: "For office Use Only"

FOR OFFICE USE ONLY:

County Number:

CSI County Client Number:

Survey Date (mmddyyyy):

Form Language: ☐ e 01 e 02 e 03 e 04 e 05 e 06 e 07 e 08 e 09 e 10 e 11 e 12 e 13 e 14 e 15 e 16 e 17 e 18 e 19 e 20

Reasons: ☐ e 01 e 02 e 03 e 04 e 05 e 06 e 07 e 08 e 09 e 10 e 11 e 12 e 13 e 14 e 15 e 16 e 17 e 18 e 19 e 20

County Question #1: ☐ e 01 e 02 e 03 e 04 e 05 e 06 e 07 e 08 e 09 e 10 e 11 e 12 e 13 e 14 e 15 e 16 e 17 e 18 e 19 e 20

Option 1: Reset Clears all Data

Reasons: ☐ e 01 e 02 e 03 e 04 e 05 e 06 e 07 e 08 e 09 e 10 e 11 e 12 e 13 e 14 e 15 e 16 e 17 e 18 e 19 e 20

County Question #2: ☐ e 01 e 02 e 03 e 04 e 05 e 06 e 07 e 08 e 09 e 10 e 11 e 12 e 13 e 14 e 15 e 16 e 17 e 18 e 19 e 20

County Question #3: ☐ e 01 e 02 e 03 e 04 e 05 e 06 e 07 e 08 e 09 e 10 e 11 e 12 e 13 e 14 e 15 e 16 e 17 e 18 e 19 e 20

Submit Reset

Created with HTML+Form
Copyright © 1997 - 2002 Cardiff Software, Inc.

Option 1: Submit

Reasons:

☐ Ext ☐ Imp ☐ Lan ☐ Oth

County Question #2

01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18

Submit Reset

Created with HTML+Form
Copyright © 1997 - 2002 Carol Software, Inc.

Option 1: Submit

Microsoft Internet Explorer

You are about to submit data for county 07

OK Cancel

Submit Reset

Created with HTML+Form
Copyright © 1997 - 2002 Carol Software, Inc.

Option 1: Success!!

Thank you for submitting your data!

California State Department of Mental Health

[Click here to submit another ADULT SURVEY form](#) [Click here to submit a different form](#)

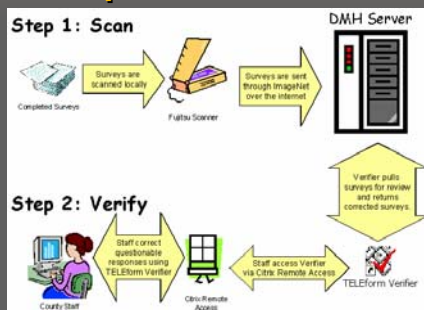
Created with HTML+Form
Copyright © 1997 - 2002 Carol Software, Inc.

Option 2: Scan & Verify

- ⇒ Very Cool
- ⇒ Counties need special equipment
 - Fujitsu Scanner
 - ImageNet Scan v. 4.5 (Software)
 - Citrix ICA Web Client

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Option 2: Overview



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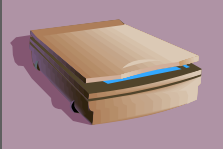
Option 2: Form Preparation

- ⇒ Cut staples off , not corner 'Posts'
- ⇒ No dog-ears
- ⇒ CCN = page linking number = same on each page (Make sure!!)
- ⇒ Keep pages of one form together in one batch

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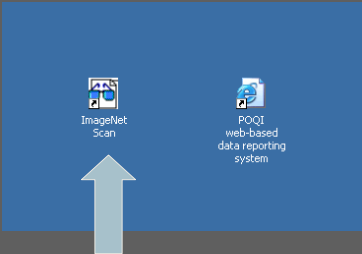
Option 2: More Preparation

- No more than 50 pages in feeder at one time
- If processor <Pentium IV, scan smaller batches
- Put batch of surveys face down, top of page entering first (Fan them)



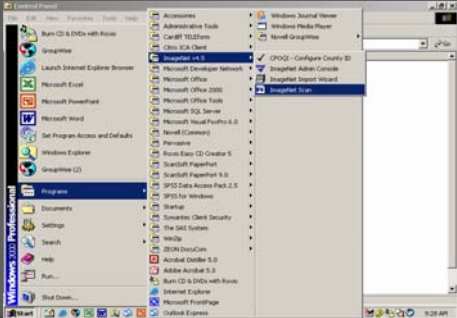
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Option 2: Log In With Icon



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Option 2: Log In, No Icon



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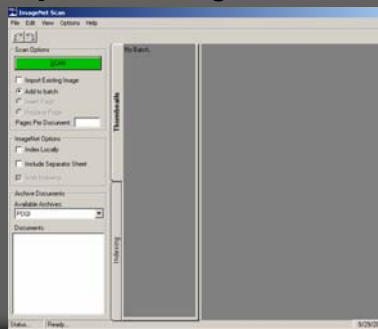
Option 2: Log In Box



A screenshot of the 'ImageNet Login' dialog box. It contains three input fields: 'User Name' with the text 'USERID', 'Password' (which is masked with dots), and 'URL' with the text 'https://pocq1.dnh.ca.gov/pocq/'. Below the input fields are 'OK' and 'Cancel' buttons.

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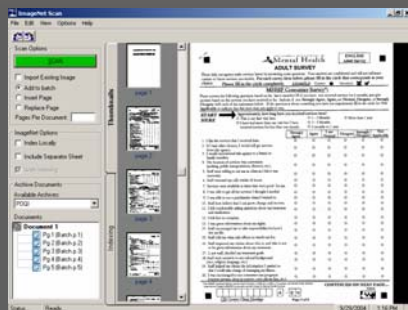
Option 2: ImageNet Scan



A screenshot of the 'ImageNet Scan' dialog box. The 'Scan Options' section on the left includes checkboxes for 'Import Existing Image', 'Add to Batch', 'Import Page', and 'Import Page'. Below these are 'Pages Per Document' and 'ImageNet Options' (including 'Index Locally' and 'Include Separator Sheet'). The 'Available Documents' list shows 'Documents' and 'Documents'. The 'Available Images' list is empty. The 'Thumbnail' pane on the right shows a preview of a scanned document.

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Option 2: Scanning Forms



A screenshot of the 'ImageNet Scan' dialog box. The 'Scan Options' section on the left is the same as in the previous slide. The 'Available Documents' list shows 'Documents' and 'Documents'. The 'Available Images' list shows a list of scanned forms, including 'Page 1', 'Page 2', 'Page 3', 'Page 4', 'Page 5', 'Page 6', 'Page 7', 'Page 8', 'Page 9', 'Page 10', 'Page 11', 'Page 12', 'Page 13', 'Page 14', 'Page 15', 'Page 16', 'Page 17', 'Page 18', 'Page 19', 'Page 20', 'Page 21', 'Page 22', 'Page 23', 'Page 24', 'Page 25', 'Page 26', 'Page 27', 'Page 28', 'Page 29', 'Page 30', 'Page 31', 'Page 32', 'Page 33', 'Page 34', 'Page 35', 'Page 36', 'Page 37', 'Page 38', 'Page 39', 'Page 40', 'Page 41', 'Page 42', 'Page 43', 'Page 44', 'Page 45', 'Page 46', 'Page 47', 'Page 48', 'Page 49', 'Page 50', 'Page 51', 'Page 52', 'Page 53', 'Page 54', 'Page 55', 'Page 56', 'Page 57', 'Page 58', 'Page 59', 'Page 60', 'Page 61', 'Page 62', 'Page 63', 'Page 64', 'Page 65', 'Page 66', 'Page 67', 'Page 68', 'Page 69', 'Page 70', 'Page 71', 'Page 72', 'Page 73', 'Page 74', 'Page 75', 'Page 76', 'Page 77', 'Page 78', 'Page 79', 'Page 80', 'Page 81', 'Page 82', 'Page 83', 'Page 84', 'Page 85', 'Page 86', 'Page 87', 'Page 88', 'Page 89', 'Page 90', 'Page 91', 'Page 92', 'Page 93', 'Page 94', 'Page 95', 'Page 96', 'Page 97', 'Page 98', 'Page 99', 'Page 100'. The 'Thumbnail' pane on the right shows a preview of a scanned form.

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Prepare Scanner

Model: Fujitsu M309xDC

Next Page

- ☒ Front of sheet 3
- ☐ Back of sheet 2

Page Count

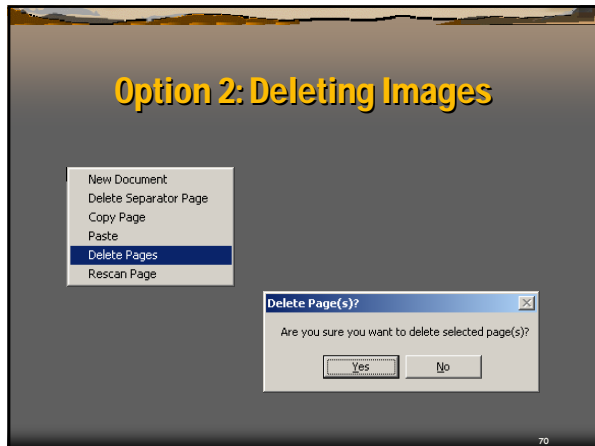
- ☒ All sheets in stack
- ☐ Number of pages:

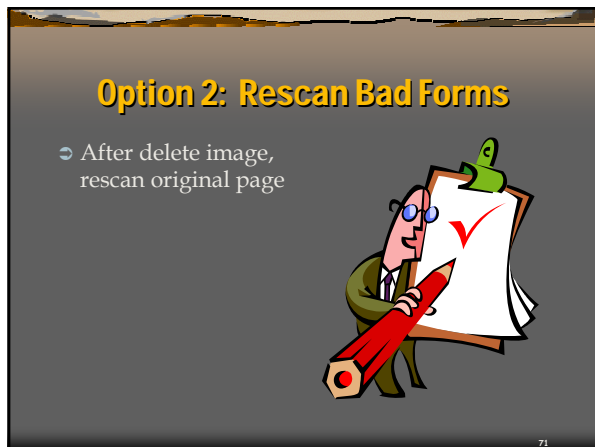
☐ Use Flatbed

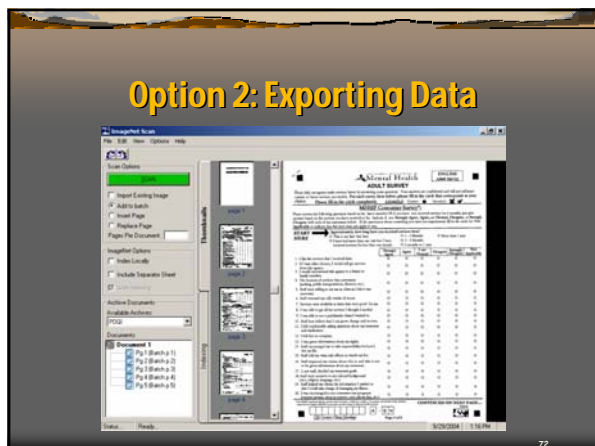
Continue Scanning

Stop Scanning

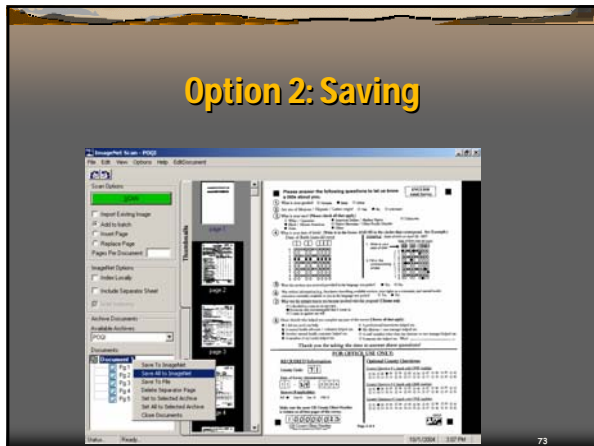
[illegible][illegible]







Option 2: Saving

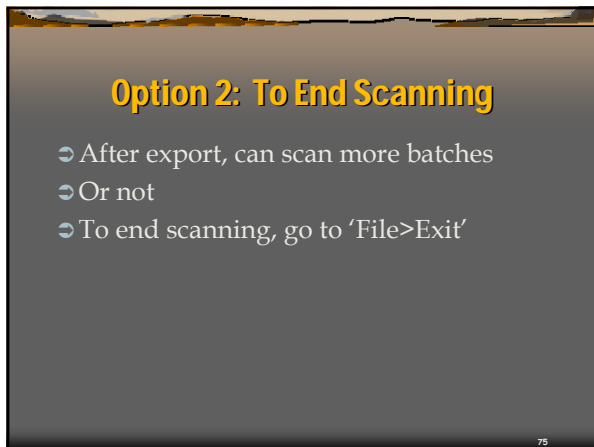


Option 2: Saving Export

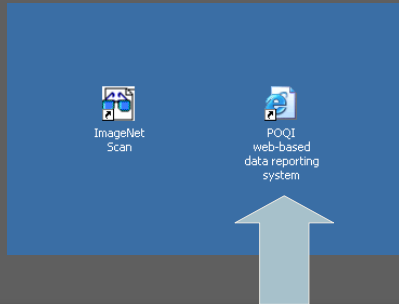


Option 2: To End Scanning

- ⇒ After export, can scan more batches
- ⇒ Or not
- ⇒ To end scanning, go to 'File>Exit'



Option 2: Logging in to Teleform Verifier



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Option 2: Log-in, No Icon

- ⇒ Open your internet browser and type:

<https://poqi1.dmh.ca.gov/pods/poqi/>



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Option 2: DMH Page



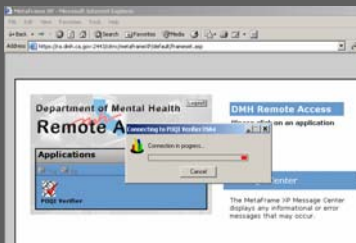
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Option 2: Remote Access Log in



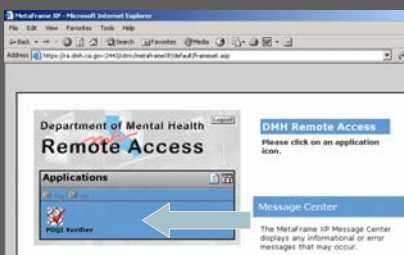
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Option 2: Connecting ...



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Option 2: PPOI Verifier



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This is a State of California computer system subject to State and Federal law... The Department of Mental Health is an agency of the State of California Government. DMH's network and all nodes attached are provided as a service to the employees and authorized contractors. There is no expectation of user privacy in this system including, but not limited to, electronic mail messages. Unauthorized attempts to access, upload or otherwise alter data, programming language, or any other part of DMH's system are prohibited and are subject to disciplinary and/or civil action or criminal prosecution. Anyone using this system expressly consents to monitoring and is advised that if such monitoring reveals possible evidence of criminal activity, DMH may provide the evidence of such monitoring to law enforcement officials.

Department of Mental Health

Remo

Application

Fogit

Access application

Message Center

onal or error

ccur.

OK

82

Option 2: DOS Screen

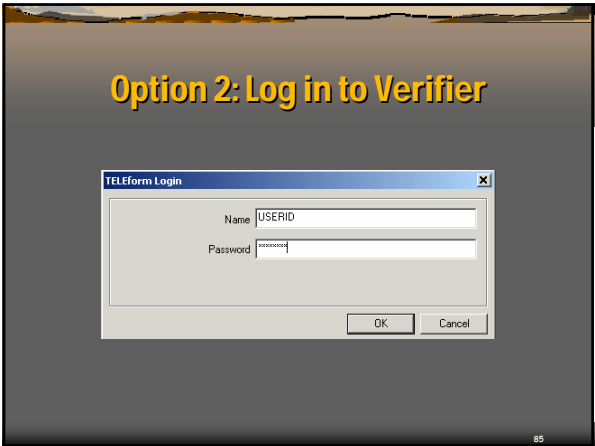
The screenshot shows a Windows XP desktop with a DOS window open. The DOS window has a title bar that reads 'C:\WINDOWS\system32\cmd.exe'. Inside the window, the command prompt shows the following text:

```
Presson files-P0011000 Inserting P001 application, please wait.....
Inserting P001 application, please wait.....
```

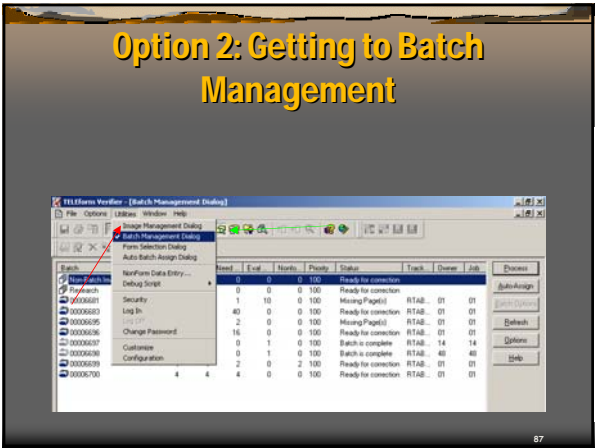
The background of the DOS window is black, and the text is white. The Windows XP taskbar is visible at the bottom of the screen.

Option 2: Still connecting ...

28







[illegible]

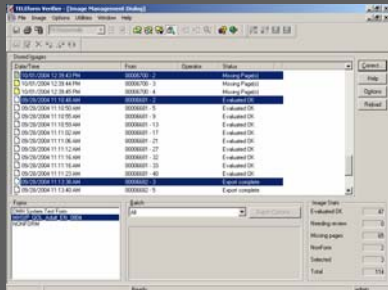
Option 2: Status of Batches

- Ready for Correction
- Missing pages
- Ready to be Committed
- Batch is Completed (Yea!)

Option 2: Getting to Image Management

The screenshot shows the IIS 6.0 Form Viewer application. The 'Image Management' menu is open, displaying a list of options. The 'Security' option is currently selected. The background interface includes a 'Forms' section with a list of forms, a 'Batch' dropdown menu, and a table for 'Image Data' with columns for 'Evaluated', 'Need review', and 'Missing pages'.

Option 2: Image Management Screen



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Option 2: Status of Surveys

- Needs Review
- Missing Page
- Evaluated OK (but not ok!!)
- Export Complete (Yea!)

92

Option 2: Reviewing & correcting in Image Management



- 2 Ways to review & correct

1. Multiple Surveys
2. Individual Survey

93

[illegible]

Image Management Dialog

Stored Images

Date/Time	Form	Operator	Status
07/20/2004 01:20	0000355-1		Needs Review

Correct
Help
Options
Refresh

Firmware
CSC2-38-BP-17R004
MHSP-Q05-AD-010
MHSP-Q05-AD-010 in 1A
PSL_V001TA_010_010 BHT

Batch
JAB
Batch Options

Image Stats
Evaluated OK: 24
Missing review: 1
Missing pages: 0
NonForm: 0
Selected: 1
Total: 37

- Teleform only presents fields that need review
- Teleform will make a 'best guess' about what is correct response
- Up to person doing the verifying to make final determination

Option 2: Correcting Surveys: Form Mode

⇒ Streamline Verifying: Form Mode

⇒ Use Tab key, Space Bar, Enter key,
Arrow keys to navigate thru fields

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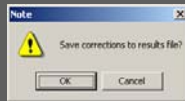
Option 2: Correcting - Form Mode

98

Option 2: Correcting Entry Fields With Unrecognizable Entries

99

Option 2: Saving Corrections



100

Option 2: After Saving

- In Batch Management mode:
Congratulations Message
(Click 'OK' or 'Cancel')
- In Image Management Mode:
Another form or
Image Management Window

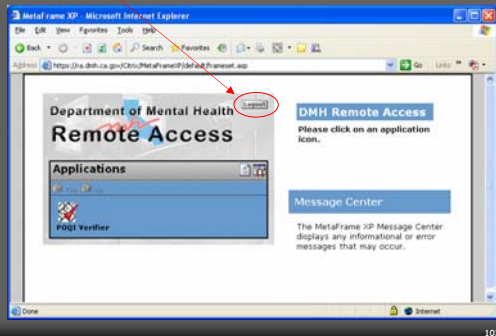
101

Option 2: Exiting Teleform

- To close the Teleform Verifier
click File>Exit
- To exit Teleform Verifier in middle of
correcting, click File>Exit and a prompt
will ask you if you want to save
completed correction, click 'OK'

102

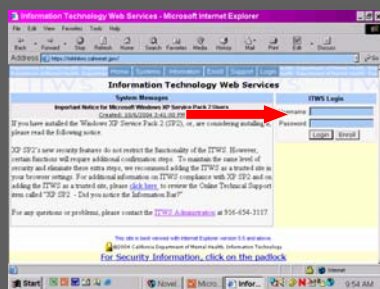
Once the TeleForm application is closed, make sure you press the Logout button to close your Citrix session.



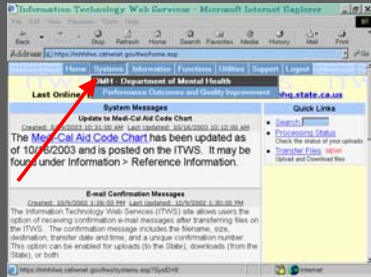
Option 3: ITWS

- Web-based text data upload
- Authorized user accesses the ITWS site by using web browser to go to <https://mhhitws.cahwnet.gov/>

Option 3: Accessing ITWS

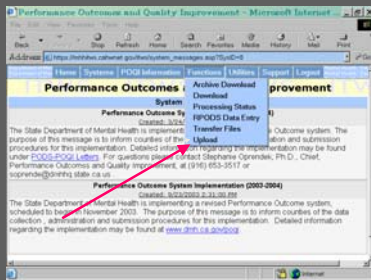


Option 3: Accessing ITWS



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Option 3: Accessing ITWS



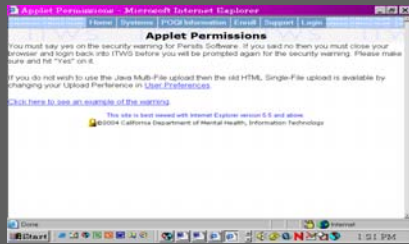
107

Option 3: Security Warning



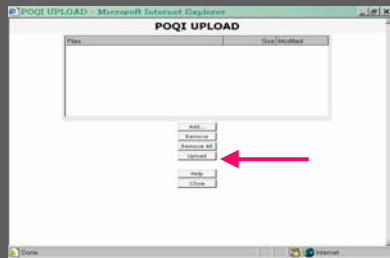
108

Option 3: Security Warning



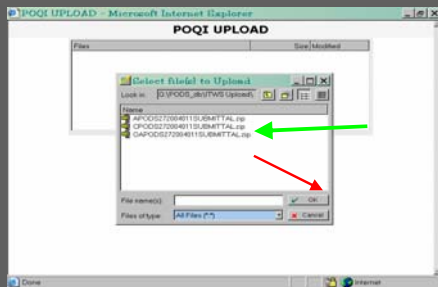
109

Option 3: POQI Upload



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Option 3: Find File to Upload

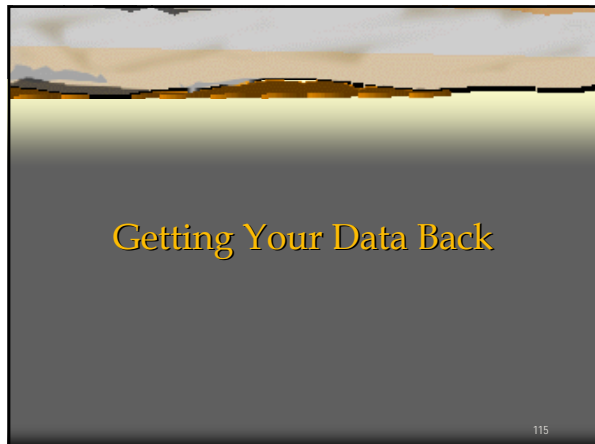


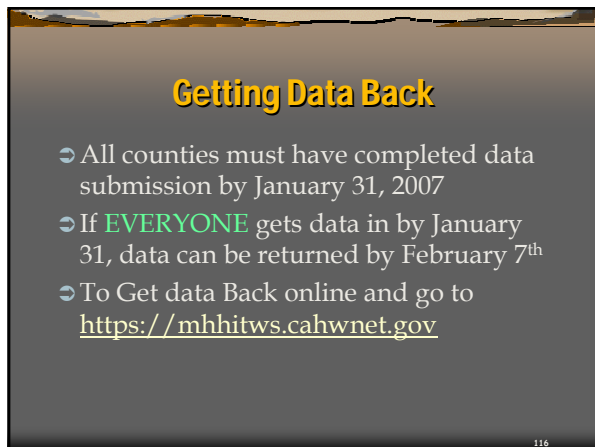
111

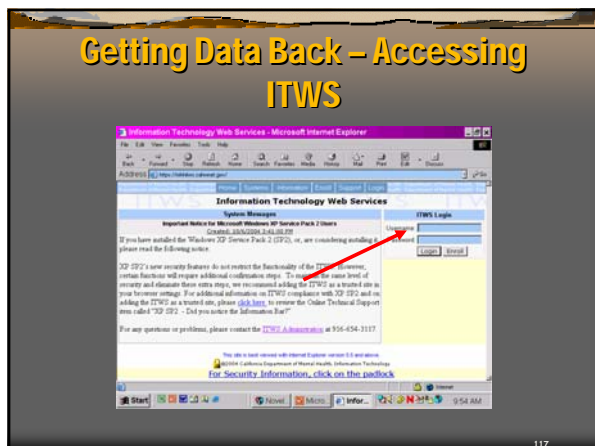
[illegible]

Option 3: Good News (Black)

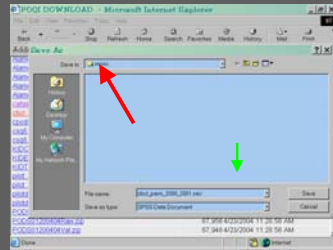
A screenshot of a Microsoft Internet Explorer window titled "File Upload - Microsoft Internet Explorer". The page has a light blue header bar with the title "File Upload". Below the header, the text reads "POQ Upload Results for CROSCREW - 9/5/2006 12:42:48 PM". A red error message states: "Error saving file AF0C6272D6B118.BM\ITAL SP - POQC\DATA\CURRENT\INTVZT1 File already exists in the database log!". Below the error message are two buttons: "Upload another file..." and ".Close". A large red arrow points from the bottom left towards the error message. The status bar at the bottom shows "Done" and "Internet".





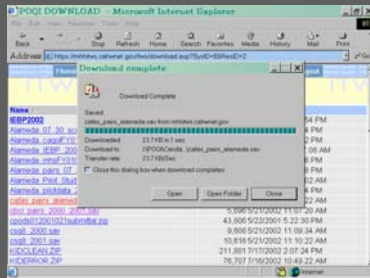


Getting Data Back – Saving it



121

Getting Data back - Downloading



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Data Collection Time Frame

- Wednesday
November 1, 2006
thru
Wednesday
November 15, 2006



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Getting help



- Alice Chen
916-654-3560
- Minerva Reyes
916-654-3685
- Candace Cross-Drew
916-653-4582
- Traci Fujita
916-653-3300
- Brenda Golladay
916-654-3291
- Marti Johnson
916-654-3115

General POQI email: poqi.support@dmh.ca.gov
